

Grant Record Change Form For Students Cal Grant/Graduate Fellowship Programs

Award year
19__ to 19__



This form is to be completed by students to notify the California Student Aid Commission of any changes in the **student's name, Social Security number, address, school, withdrawal from the grant/fellowship program, or for requesting a leave of absence.** Mail the completed form as soon as possible to: California Student Aid Commission, P.O. Box 510621, Sacramento, CA 94245-0621.

Please read instructions on the reverse side before completing. Print or type all information.

I. STUDENT CERTIFICATION (THIS SECTION AND SECTION IV BELOW MUST BE COMPLETED)

| | |
|---|----------------------------------|
| 1. Student's name (last, first, middle initial) — <i>If this is a name change, complete #6 in Section II below.</i> | 2. Date of birth (mo/day/yr) |
| 3. Social Security number — <i>If this is a change from Commission records, complete #7 in Section II below.</i> □ □ □ - □ □ □ - □ □ □ □ | 4. Telephone number () |
| 5. Address: Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No Street address | City |
| | State |
| | Zip code |

II. STUDENT CHANGE INFORMATION (COMPLETE QUESTIONS AS APPROPRIATE)

Complete this section if you are changing any of the following: Name, Social Security number, school, Cal Grant Program for which you wish to be considered or if you wish to withdraw from the Cal Grant or Graduate Fellowship program.

6. **Name change:** ☐ If you indicated a change in your name in #1 above, please check this box and print or type your previous name below (last, first, MI).

7. **Social Security number:** If you indicated a change in your Social Security number in #3 above, please enter your previous Social Security number below and attach a copy of your Social Security number card showing the correct number.

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8. **Change of school:** I wish to change my school choice and be considered for an award at the school listed below.

| | | |
|-------------|------|--|
| School name | City | Length of academic program (mos./yrs.) |
|-------------|------|--|

- 9a. School change effective for (check one): ☐ Fall term ☐ Winter term ☐ Spring term ☐ Summer term
- 9b. Date term begins: _____ month _____ day _____ year
- 9c. I plan to reside (check one): ☐ On campus (dorm) ☐ Off campus (apartment, etc.) ☐ At home with parents or relatives
10. I wish to change my award to the following (check one): ☐ Cal Grant A ☐ Cal Grant B ☐ Cal Grant C

III. LEAVE OF ABSENCE REQUEST

Complete 11 and 12 below if you are a Cal Grant/Graduate Fellowship recipient and would like to request approval for a leave of absence from the Cal Grant/Graduate Fellowship program for up to one academic year. Return this form to the Commission at the address provided at the top of this form. **You must send this Leave of Absence Request Form to the Commission as soon as possible or your award may be withdrawn. (See "Leave of Absence Policy" section in the Cal Grant or Graduate Fellowship Reference Manual.)**

A leave of absence or series of leaves which total more than the equivalent of one academic year normally will not be approved. The Commission may make an exception when the reason for your leave is clearly beyond your control.

11. Enrollment Information:

| | |
|--|-----------------------------|
| School of attendance or most recent attendance | Date and term last attended |
|--|-----------------------------|

I request a Leave of Absence for the following term(s): Check box(es)

- ☐ Fall quarter/semester ☐ Winter quarter ☐ Spring quarter/semester ☐ Summer quarter (if mandatory)
- ☐ Fall trimester ☐ Winter trimester ☐ Spring trimester (if mandatory)

Indicate exact dates for which you are requesting a Leave of Absence: From: _____ To: _____

12. Briefly state your reason(s) for a leave of absence: *(please print or type — attach additional pages or documentation if necessary)*

IV. STUDENT'S SIGNATURE (YOU MUST SIGN AND DATE THIS FORM)

| | |
|---|------|
| 13. Signature <i>(I certify to the best of my knowledge that this information is true and correct.)</i> | Date |
|---|------|

Instructions for Completing the Grant Record Change Form for Students Cal Grant/Graduate Fellowship Programs

All sections on this form must be completed as instructed below.

Section I — Student Information (This section and Section IV must be completed)

1. Enter your name (last, first, middle initial).
2. Enter your date of birth (month, day, year).
3. Enter your Social Security number.
4. Enter your telephone number, including area code.
5. Check "Yes" if your address is different from the Commission's records. Check "No" if your address is the same as the Commission's records. Enter your street address, city, state and five- or nine-digit zip code.

Section II — Student Change Information (Complete as appropriate)

6. If you indicated a name change in question #1, please provide your previous name (last, first, middle initial). Remember to print or type clearly.
7. If your Social Security number in question #3 is a change from Commission records, enter your new number and attach a copy of your new Social Security card.
8. If you wish to change your school choice and be considered for an award at a different school, enter the school's name and city and the length of the academic program in months and/or years. **NOTE: A change in school choice may affect your eligibility for an award.**
- 9a. Enter the effective term of this change in your school choice.
- 9b. Enter the beginning date of the term checked in 9a.
- 9c. Check whether you will live on campus, off campus, or at home with parents or relatives.
10. If you are a new applicant and wish to change the Cal Grant award for which you are being considered, check the appropriate box (renewal applicants cannot change their award). Changes cannot be made after your award has been paid.

Section III — Leave of Absence Request

11. Enter the school you attend or have attended most recently and the date and term you last attended it (e.g. 5/93, Spring 1993). Also enter the terms for which you are requesting a leave of absence (e.g. Fall 1994), and the exact date for which you are requesting a leave of absence (e.g. 9/1/94 to 12/15/94).
12. Print or type the reason(s) for your leave of absence request. Attach additional pages or documentation if necessary.

Section IV — Student Signature (To avoid delays, sign, date and mail this form as soon as possible.)

13. Your signature certifies to the best of your knowledge that this information is true and correct. **Note: Providing false information may result in the withdrawal of your award.**

Mail this form as soon as possible to:

**California Student Aid Commission
P.O. Box 510621
Sacramento, CA 94245-0621**